(J) IF THE UNITED STATES HEALTH CARE FINANCING ADMINISTRATION DOES NOT APPROVE THE AMENDMENT TO THE STATE PLAN FOR PROVIDING MEDICAL ASSISTANCE UNDER THE MEDICAL ASSISTANCE PROGRAM IMPLEMENTING THE DISTRIBUTIONS UNDER PARAGRAPHS (D)(1)(c) AND (D)(2)(b) OF THIS RULE, THE DEPARTMENT OF HUMAN SERVICES SHALL DISTRIBUTE FUNDS TO NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED PURSUANT TO THE VERSION OF PARAGRAPH (D) OF THIS RULE IN EFFECT IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF THIS RULE IF FEDERAL MATCHING FUNDS ARE MADE AVAILABLE FOR DISTRIBUTIONS MADE PURSUANT TO THAT FORMER VERSION.

Effective Date: _____

Certification: _____

_____
Date

Promulgated Under: RC Chapter 119.
Statutory Authority: RC Section 5111.02, Section 23 of Am. Sub. H. B. 298
Rule Amplifies: RC Sections 5111.01, 5111.02, Section 23 of Am. Sub. H. B. 298, Section 72 of Sub. S. B. 351
Prior Effective Dates: 10/1/91 (Emer.), 12/20/91

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SUPERSEDES
TNS # 92-13 EFFECTIVE DATE 2-1-93

5101:3-3-171 STANDARDS FOR ESTABLISHING PAYMENT AND SETTLEMENT RATES.

(A) THE PER DIEM PAYMENT FOR ROUTINE SERVICES IS PAYMENT-IN-FULL, AND NO ADDITIONAL AMOUNT (OTHER THAN THE AMOUNT COMPUTED BY THE COUNTY DEPARTMENT OF HUMAN SERVICES (CDHS) AS THE RECIPIENT'S SHARE, I.E., RESOURCES), MAY BE CHARGED TO THE RECIPIENT, ANY MEMBER OF THE RECIPIENT'S FAMILY, OR TO ANY OTHER INDIVIDUAL FOR ANY SUPPLEMENTATION OF THE PER DIEM PAYMENT.

(1) PAYMENT MAY BE REQUESTED AND RECEIVED BY THE LONG-TERM CARE FACILITY (LTCF) FROM THE RECIPIENT OR OTHERS FOR SERVICES NOT COVERED BY THE MEDICAID PER DIEM (E.G., PAYMENT FOR RESERVING A BED IN EXCESS OF THE DEPARTMENT'S LIMITS, RESIDENT BEDSIDE PHONE, ETC.). HOWEVER, NO LTCF IS ALLOWED TO REQUEST OR RECEIVE PAYMENT FROM THE RECIPIENT FOR THE COST OF COVERED ITEMS THAT HAVE BEEN DISALLOWED AS UNREASONABLE (E.G., REQUIRED MEDICAL AND PROGRAM SUPPLY COSTS WHICH EXCEED THE PROSPECTIVE PER DIEM RATE, ETC.). NO FEES OR CHARGES MAY BE ASSESSED BY AN LTCF FOR THE APPLICATION PROCESS OF AN ELIGIBLE OR PENDING MEDICAID RECIPIENT.

(2) THIS DOES NOT PRECLUDE:

(a) LTCFS SEEKING PAYMENT FROM A THIRD-PARTY RESOURCE FOR SERVICES BILLED IN ACCORDANCE WITH PROVISIONS DETAILED IN RULE 5101:3-1-08 ("THIRD-PARTY LIABILITY") OF THE ADMINISTRATIVE CODE WHEN SUCH RESOURCE PAYMENTS SUBSEQUENTLY REDUCE PAYMENTS COLLECTED FROM MEDICAID;

(b) OTHER QUALIFIED PROVIDERS OF MEDICAL SERVICE SEEKING PAYMENT UNDER MEDICAID FOR SERVICES NOT COVERED IN THE LTCF'S PER DIEM (E.G., DENTAL SERVICES AND OTHER SERVICES AS OUTLINED IN RULE 5101:3-3-11 ["RELATIONSHIP OF OTHER COVERED MEDICAID SERVICES TO LONG-TERM CARE FACILITY SERVICES"] OF THE ADMINISTRATIVE CODE);

(c) LTCFS SEEKING PAYMENT FROM OTHERS FOR SERVICES SPECIFICALLY EXCLUDED UNDER MEDICAID (E.G., PAYMENT FOR RESERVING A BED WHEN THE PROVISIONS OF RULES 5101:3-1-56 ["PROVIDER AGREEMENTS: LONG-TERM CARE FACILITIES"] AND 5101:3-3-03 ["COVERAGE OF MEDICALLY NECESSARY DAYS AND LIMITED ABSENCES"] OF THE ADMINISTRATIVE CODE DO NOT APPLY; PERSONAL CLOTHING; ETC.).

(3) THIS DOES NOT PRECLUDE THE LTCF FROM USING CONTRIBUTIONS FROM PUBLIC OR PRIVATE SOURCES TO A FACILITY AS LONG AS THESE CONTRIBUTIONS ARE NOT DESIGNATED FOR A PARTICULAR RESIDENT OR GROUP OF RESIDENTS.

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(B) THE RATE YEAR FOR ALL FACILITIES IS JULY FIRST THROUGH JUNE THIRTIETH.

(C) "RETROSPECTIVE" REFERS TO THE PROCESS OF COMPARING AN LTCF'S ACTUAL, ALLOWABLE, AND REASONABLE COSTS TO THE PROSPECTIVE PER DIEM RATE. "PROSPECTIVE" REFERS TO THE PROCESS IN WHICH THE PAYMENT RATE IS DETERMINED BASED UPON THE PRIOR YEAR'S COSTS REPORT UPDATED WITH THE QUOTIENT SPECIFIED IN RULE 5101:3-3-17 ("METHODS FOR ESTABLISHING PAYMENT AND SETTLEMENT RATES") OF THE ADMINISTRATIVE CODE.

(D) "INPATIENT/RESIDENT DAYS" MEANS ALL OCCUPIED BED DAYS IN A LICENSED AND/OR CERTIFIED BED. THERAPEUTIC OR HOSPITAL LEAVE DAYS PAID FOR BY THE DEPARTMENT UNDER RULE 5101:3-3-03 ("COVERAGE OF MEDICALLY NECESSARY DAYS AND LIMITED ABSENCES") OF THE ADMINISTRATIVE CODE ARE CONSIDERED OCCUPIED BED DAYS AND ARE COUNTED AS INPATIENT/RESIDENT DAYS PROPORTIONATE TO THE PER DIEM RATE PAID. PRIVATE-PAY LEAVE DAYS ARE NOT CONSIDERED INPATIENT/RESIDENT DAYS.

(E) "REASONABLE" MEANS THE COSTS REPORTED FOR CATEGORIES OF DELIVERED ITEMS OR SERVICES WHICH ARE DETERMINED BY THE DEPARTMENT TO BE FAIR THROUGH THE APPLICATION OF REASONABLENESS TESTS ON THE VERIFIED REPORTED COSTS FILED BY LTCFS WHICH INDICATE THE VALUE AND COMPARABILITY OF PRICES OF THE ITEMS AND SERVICES.

(F) "ALLOWABLE COSTS" ARE THOSE COSTS THAT ARE ALLOWABLE TO LICENSED AND CERTIFIED BEDS IN A FACILITY, WHICH ARE REASONABLE AND RELATED TO RESIDENT CARE (UNLESS OTHERWISE ENUMERATED IN CHAPTER 5101:3-3 ["COVERAGE AND LIMITATIONS: LONG-TERM CARE SERVICES"] OF THE ADMINISTRATIVE CODE) ARE THOSE CONTAINED IN THE FOLLOWING REFERENCE MATERIAL, AS CURRENTLY ISSUED AND UPDATED, IN THE FOLLOWING PRIORITY:

(1) TITLE 42 CODE OF FEDERAL REGULATIONS CHAPTER IV;

(2) THE PROVIDER REIMBURSEMENT MANUAL "HEALTH CARE FINANCING ADMINISTRATION PUBLICATION 15-1"; OR

(3) GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

(G) "ROUTINE SERVICES" ARE THE REGULAR ROOM, DIETARY, HABILITATION AND NURSING SERVICES; AND THOSE MINOR MEDICAL, SURGICAL, ACTIVITIES, AND PROGRAM SUPPLIES NECESSARY TO PROVIDE THE NURSING AND HABILITATION/REHABILITATION SERVICES DEFINED IN RULE 5101:3-3-24 ("RESIDENT REVIEW STANDARDS") OF THE ADMINISTRATIVE CODE; AND THE USE OF EQUIPMENT AND FACILITIES. EXPENSES THAT ARE ALLOWABLE COSTS FOR ROUTINE SERVICES MUST INCLUDE:

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TNS # ~~91-11~~ EFFECTIVE DATE 10-1-92

(1) NURSING AND HABILITATION/REHABILITATION SERVICES AS DEFINED IN RULE 5101:3-3-24 ("RESIDENT REVIEW STANDARDS") OF THE ADMINISTRATIVE CODE;

(2) ITEMS FURNISHED ROUTINELY AND RELATIVELY UNIFORMLY TO ALL RESIDENTS, E.G., GOWNS, WATER PITCHERS, BASINS, AND BED PANS;

(3) ITEMS STOCKED AT NURSING STATIONS OR IN THE UNIT WHICH ARE IN GROSS SUPPLY AND DISTRIBUTED OR USED INDIVIDUALLY IN SMALL QUANTITIES, E.G., ALCOHOL; APPLICATORS; COTTON BALLS; BAND-AIDS; ANTACIDS, ASPIRIN, AND OTHER NONLEGEND DRUGS ORDINARILY KEPT ON HAND; SUPPOSITORIES; AND TONGUE DEPRESSORS;

(4) ITEMS WHICH ARE USED BY INDIVIDUAL RESIDENTS, BUT WHICH ARE REUSABLE AND EXPECTED TO BE AVAILABLE, E.G., ICE BAGS, BED RAILS, CANES, CRUTCHES, WALKERS, WHEELCHAIRS, TRACTION EQUIPMENT, AND OTHER DURABLE MEDICAL EQUIPMENT;

(5) DIETARY SUPPLEMENTS USED FOR ORAL FEEDING, EVEN IF WRITTEN AS A PRESCRIPTION ITEM BY A PHYSICIAN;

(6) LAUNDRY SERVICES INCLUDING PERSONAL CLOTHING USUALLY WORN DURING THE DAY OR NIGHT (WASHABLE ITEMS NOT REQUIRING DRY CLEANING);

(7) PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AUDIOLOGY, AND PSYCHOSOCIAL SERVICES, OR SOCIAL WORK SERVICES, AND SUPPLIES USED TO PROVIDE THESE SERVICES. THE SERVICES AND SUPPLIES PROVIDED BY THE CDHS SOCIAL WORKERS OR A CERTIFIED COMMUNITY MENTAL HEALTH CENTER ARE REIMBURSED AS DEFINED IN RULE 5101:3-27-01 ("ELIGIBLE PROVIDER") OF THE ADMINISTRATIVE CODE;

(8) ITEMS AS LISTED IN "NURSING AND REST HOMES LAWS AND RULES," PUBLISHED BY THE DEPARTMENT OF HEALTH;

(9) SERVICES OF A PSYCHOLOGIST, PHARMACIST, AND OTHER MEDICAL CONSULTANTS IN THE CAPACITY OF PROVIDING OVERALL MEDICAL DIRECTION. SUCH SERVICES DO NOT INVOLVE DIRECT CARE PROVIDED TO A RESIDENT ON AN INDIVIDUALIZED BASIS;

(10) RESERVING A BED FOR A RESIDENT TEMPORARILY HOSPITALIZED OR ON A THERAPEUTIC LEAVE OF ABSENCE AS PROVIDED IN RULE 5101:3-3-03 ("COVERAGE OF MEDICALLY NECESSARY DAYS AND LIMITED ABSENCES") OF THE ADMINISTRATIVE CODE; AND

(11) SERVICES, FEES AND SUPPLIES ASSOCIATED WITH THE NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM.

(H) ROUTINE SERVICES DO NOT INCLUDE THE COST OF PRESCRIPTION LEGEND DRUGS; PHYSICIAN SERVICES OTHER THAN THOSE COVERED IN PARAGRAPH (G)(9) OF THIS RULE; DENTAL SERVICES; VISION CARE SERVICES; PODIATRIC SERVICES; AMBULANCE SERVICES; NONREUSABLE DURABLE MEDICAL EQUIPMENT; PSYCHIATRIC SERVICES; AND LABORATORY AND X-RAY SERVICES PROVIDED TO A RESIDENT ON AN INDIVIDUAL BASIS. THESE SERVICE COSTS ARE MET BY DIRECT PAYMENT TO RECOGNIZED PROVIDERS OF THESE SERVICES IN ACCORDANCE WITH RULE 5101:3-3-11 ("RELATIONSHIP OF OTHER COVERED MEDICAID SERVICES TO LONG-TERM CARE FACILITY SERVICES") OF THE ADMINISTRATIVE CODE.

(I) THE COST-FINDING METHODOLOGY APPLIED IS THE DIRECT ALLOCATION OF THE PROVIDER'S TOTAL ALLOWABLE PER DIEM COSTS TO THE THREE COST CENTERS DIFFERENTIATED IN THIS RULE.

(1) TOTAL COSTS (DIFFERENTIATED BETWEEN ALLOWABLE AND NONALLOWABLE), TOTAL REVENUE, TOTAL RESIDENTS SERVED, AND OTHER MEDICAL, STATISTICAL, AND FINANCIAL INFORMATION AS REQUIRED BY THE DEPARTMENT ARE REPORTED ON UNIFORM COST REPORTING FORMS FOR A UNIFORM PRIOR COST REPORTING PERIOD, AND AUDITED AS SPECIFIED IN RULE 5101:3-3-27 ("AUDITS OF LONG-TERM CARE FACILITIES") OF THE ADMINISTRATIVE CODE.

(2) DEFINITIONS OF ROUTINE SERVICES (PARAGRAPH (G) OF THIS RULE), REASONABLENESS (PARAGRAPH (E) OF THIS RULE), AND ALLOWABILITY (PARAGRAPH (F) OF THIS RULE) ARE APPLIED TO TOTAL REPORTED AND AUDITED COSTS IN ORDER TO DETERMINE TOTAL ALLOWABLE COSTS.

(3) THE PER DIEMS FOR THE DIRECT COST CENTER ARE DETERMINED BY DIVIDING ALLOWABLE COSTS FOR THOSE AREAS BY TOTAL INPATIENT/RESIDENT DAYS FOR ALL MEDICAID-CERTIFIED BEDS: DIETARY RAW FOOD, DIETARY SUPPLIES AND EXPENSES, MEDICAL SUPPLIES, HABILITATION SUPPLIES, PRIOR AUTHORIZED MEDICAL EQUIPMENT, INCONTINENCE AND OTHER SUPPLIES, NURSING AND HABILITATION/REHABILITATION, NURSE AIDE TRAINING, UTILITIES, PAYROLL TAXES (NURSING AND HABILITATION/REHABILITATION, DIETARY PERSONNEL) AND PROPERTY TAXES. INPATIENT/RESIDENT DAYS ARE DEFINED IN PARAGRAPH (D) OF THIS RULE.

(4) THE PER DIEM FOR THE ADMINISTRATIVE AND GENERAL SERVICES COST CENTER IS DETERMINED BY DIVIDING ALLOWABLE COSTS BY THE TOTAL INPATIENT/RESIDENT DAYS, OR BY EIGHTY-FIVE PER CENT OF THE TOTAL LICENSED (IF APPLICABLE) AND MEDICAID-CERTIFIED BED DAYS, WHICHEVER IS GREATER. INPATIENT/RESIDENT DAYS ARE DEFINED IN PARAGRAPH (D) OF THIS RULE.

(5) THE PER DIEMS FOR THE PROPERTY, RENOVATIONS, AND EQUITY COST CENTER ARE DETERMINED AS FOLLOWS: THE PER DIEMS FOR PROPERTY COSTS AND RENOVATIONS ARE DETERMINED BY DIVIDING ALLOWABLE COSTS FOR THESE CATEGORIES BY THE TOTAL INPATIENT/RESIDENT DAYS, OR BY NINETY-FIVE PER CENT OF TOTAL LICENSED (IF APPLICABLE) AND MEDICAID-CERTIFIED BED DAYS, WHICHEVER IS GREATER. THE PER DIEM FOR RETURN ON NET EQUITY IS CALCULATED BY DIVIDING THE AVERAGE MONTHLY EQUITY, WHICH IS MULTIPLIED BY THE RATE OF RETURN, BY THE TOTAL INPATIENT/RESIDENT DAYS, OR BY NINETY-FIVE PER CENT OF TOTAL LICENSED (IF APPLICABLE) AND MEDICAID-CERTIFIED BED DAYS, WHICHEVER IS GREATER. INPATIENT/RESIDENT DAYS ARE DEFINED IN PARAGRAPH (D) OF THIS RULE.

(6) NOTWITHSTANDING THE OCCUPANCY PROVISIONS CONTAINED IN PARAGRAPHS (I)(4) AND (I)(5) OF THIS RULE AND PARAGRAPHS (B)(2) AND (B)(3) OF RULE 5101:3-3-172 ("INTERIM SETTLEMENT CALCULATION USED TO DETERMINE THE PROSPECTIVE PER DIEM RATE") OF THE ADMINISTRATIVE CODE, NEW FACILITIES WHICH HAVE BEEN IN OPERATION LESS THAN SIX MONTHS DURING A COST REPORT YEAR AND EXISTING FACILITIES WHICH HAVE ADDED TEN OR MORE NEW BEDS SHALL BE SUBJECT TO AN OCCUPANCY TEST OF ACTUAL INPATIENT/RESIDENT DAYS AT SETTLEMENT.

(7) WHEN AN LTCF FAILS TO FILE THE COST REPORTS AS REQUIRED BY RULE 5101:3-3-26 ("LONG-TERM CARE FACILITY COST REPORT FILING, RECORD RETENTION, AND DISCLOSURE REQUIREMENT") OF THE ADMINISTRATIVE CODE, AN ADJUSTMENT SHALL BE MADE AS FOLLOWS:

(a) THE PROSPECTIVE PER DIEM RATE SHALL BE REDUCED BY TWO DOLLARS PER PATIENT DAY. THIS REDUCTION WILL APPLY TO INTERIM AND FINAL SETTLEMENTS.

(b) THE PROSPECTIVE PER DIEM RATE SHALL BE REDUCED EFFECTIVE THE DAY AFTER THE REQUIRED COST REPORT IS DUE AND SHALL CONTINUE UNTIL EITHER THE COST REPORT IS FILED OR THE LONG-TERM CARE FACILITY IS TERMINATED FROM THE MEDICAID PROGRAM.

(c) AN LTCF WILL BE TERMINATED FROM THE MEDICAID PROGRAM IF THE COST REPORT IS NOT FILED WITHIN THE REQUIRED TIME FRAMES.

REPLACES RULE 5101:3-3-17

EFFECTIVE DATE: _____

CERTIFICATION: _____

_____
DATE

PROMULGATED UNDER: RC CHAPTER 119.

STATUTORY AUTHORITY: RC SECTION 5111.02 AND SECTION 23 OF AM. SUB. H. B. 298

RULE AMPLIFIES: RC SECTIONS 5111.01, 5111.02, 5111.20, 5111.23, 5111.24, 5111.25, SECTION 23 OF AM. SUB. H. B. 298

PRIOR EFFECTIVE DATES: 6/3/83, 1/1/84, 2/12/85 (EMER.), 6/1/85, 8/1/87, 9/30/87 (EMER.), 12/28/87, 7/7/89 (EMER.), 9/23/89, 10/1/90 (EMER.), 12/31/90, 10/1/91 (EMER.)

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5101:3-3-172 INTERIM SETTLEMENT CALCULATION USED TO DETERMINE THE PROSPECTIVE PER DIEM RATE.

(A) FOR FISCAL YEAR 1992, THE INTERIM SETTLEMENT RATE CALCULATION SHALL BE COMPUTED FROM THE 1990 INTERIM SETTLEMENT. FOR FISCAL YEAR 1993, THE INTERIM SETTLEMENT RATE CALULATION SHALL BE COMPUTED FROM THE JULY 1, 1991 THROUGH DECEMBER 31, 1991 INTERIM SETTLEMENT.

(B) PURSUANT TO PARAGRAPHS (A)(1)(a) AND (A)(2)(a) OF RULE 5101:3-3-17 ("METHODS FOR ESTABLISHING PAYMENT AND SETTLEMENT RATES") OF THE ADMINISTRATIVE CODE, THE INTERIM SETTLEMENT PER DIEM ALLOWANCES FOR EACH OF THE FOLLOWING COST CENTERS SHALL BE EQUAL TO THE LOWER OF PER DIEM COSTS OR APPLICABLE PER DIEM CEILINGS. THE SUM OF THE INTERIM SETTLEMENT PER DIEM ALLOWANCES SHALL BE THE FACILITY'S INTERIM SETTLEMENT TOTAL PER DIEM RATE. THE PER DIEM COST AND CEILINGS UTILIZED FOR BASE YEAR INTERIM SETTLEMENT CALCULATION SHALL BE DETERMINED AS FOLLOWS:

(1) THE ALLOWABLE PER DIEM COSTS FOR THE DIRECT COST CENTER ARE DETERMINED BY DIVIDING ALLOWABLE COSTS FOR THOSE AREAS BY TOTAL INPATIENT/RESIDENT DAYS FOR ALL MEDICAID-CERTIFIED BEDS: DIETARY RAW FOOD, DIETARY SUPPLIES AND EXPENSES, MEDICAL SUPPLIES, HABILITATION SUPPLIES, PRIOR AUTHORIZED MEDICAL EQUIPMENT, INCONTINENCE AND OTHER SUPPLIES, NURSING AND HABILITATION/REHABILITATION, NURSE AIDE TRAINING, UTILITIES, PAYROLL TAXES, (NURSING AND HABILITATION/REHABILITATION, DIETARY PERSONNEL) AND PROPERTY TAXES.

(a) THE CEILING ON DIETARY COSTS IS THE TOTAL OF TWO CEILINGS; I.E., THE CEILING FOR RAW FOOD (ACCOUNT 6050) AND THE CEILING FOR DIETARY SUPPLIES AND EXPENSES (ACCOUNTS 6010 TO 6030) AS SPECIFIED IN RULE 5101:3-3-261 ("CHART OF ACCOUNTS FOR LONG-TERM CARE FACILITIES") OF THE ADMINISTRATIVE CODE.

(i) THE MOST RECENT DATA AVAILABLE REGARDING RAW FOOD COSTS PUBLISHED BY THE SCIENCE AND EDUCATION ADMINISTRATION OF THE UNITED STATES DEPARTMENT OF AGRICULTURE UNDER THE LIBERAL COST PLAN.

(a) THE LIBERAL COST PLAN FOR FEMALES OVER FIFTY-FIVE YEARS OF AGE SHALL BE USED IN NFS.

(b) THE LIBERAL COST PLAN FOR MALES AGED TWELVE TO FOURTEEN SHALL BE USED IN ICFS-MR.

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(ii) THE CEILING FOR DIETARY PAYROLL/SUPPLIES FOR NFS IS ONE HUNDRED FIFTEEN PER CENT OF THE MEAN AVERAGE PER DIEM EXPENDITURE FOR OTHER DIETARY PAYROLL AND SUPPLY COSTS IN A ONE-HUNDRED-BED OR LARGER NFS; AND FOR ICFS-MR, ONE HUNDRED FIFTEEN PER CENT OF THE MEAN AVERAGE PER-DAY EXPENDITURE FOR OTHER DIETARY COSTS IN ICFS-MR.

(iii) THE CEILING FOR DIETARY COSTS SHALL BE SUBJECT TO A GEOGRAPHICAL WAIVER EQUAL TO THE DIFFERENCE BETWEEN THE MEAN COSTS IN A PARTICULAR COUNTY AND ONE HUNDRED FIFTEEN PER CENT OF THE STATEWIDE AVERAGE IF THE MEAN AVERAGE PER DIEM EXPENDITURE FOR OTHER DIETARY COSTS IN A PARTICULAR COUNTY EXCEEDS ONE HUNDRED FIFTEEN PER CENT OF THE STATEWIDE AVERAGE. THE WAIVER WOULD BE GRANTED AS A PERCENTAGE ADD-ON AT THE TIME OF INTERIM SETTLEMENT.

(iv) THE CEILING FOR A PARTICULAR FACILITY MAY BE SUBJECT TO A WAIVER IF THE FACILITY CAN DOCUMENT A VALID REASON (E.G., FOR SPECIALLY ADAPTED TABLEWARE AND CUTLERY REQUIRED FOR THE MENTALLY RETARDED, ETC.) FOR THE WAIVER, PROVIDED THAT THE EXCESS DIETARY COSTS ARE MEDICALLY RELATED AND ARE NOT CAUSED BY THE FOLLOWING:

(a) BY PAYING SALARIES IN EXCESS OF ONE HUNDRED FIFTEEN PER CENT OF THE COUNTY MEAN FOR DIETARY EMPLOYEES; OR

(b) EMPLOYING DIETARY PERSONNEL IN EXCESS OF ONE FULL TIME EQUIVALENT FOR EVERY SIX RESIDENTS.

(b) THE CEILING FOR INCONTINENCE AND OTHER SUPPLIES (ACCOUNTS 6089 TO 6110), AS SPECIFIED IN RULE 5101:3-3-261 ("CHART OF ACCOUNTS FOR LONG-TERM CARE FACILITIES") OF THE ADMINISTRATIVE CODE, IS ONE HUNDRED FIFTEEN PER CENT OF THE STATEWIDE AVERAGE COSTS AS CALCULATED SEPARATELY FOR EACH TYPE OF FACILITY (NFS AND ICFS-MR).

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EXPENSES FOR INCONTINENCE AND OTHER SUPPLIES IN EXCESS OF THE CEILING MAY BE DETERMINED REASONABLE AND ALLOWABLE BY THE DEPARTMENT. THE WRITTEN REQUEST FROM THE FACILITY FOR A WAIVER OF THE CEILING SHALL INDICATE SPECIAL CIRCUMSTANCES WHERE DOCUMENTED MEDICAL OR HABILITATION RESIDENT NEEDS REQUIRE EXPENDITURES OVER THE CEILING. THE DEPARTMENT'S REVIEW MAY INCLUDE, BUT IS NOT LIMITED TO, PRIOR WAIVERS, RESIDENTS' ACTIVITY AND PROGRAM NEEDS, AND THE FACILITY'S EVIDENCE OF RESIDENTS' INCONTINENCE.

(c) THE INTERIM SETTLEMENT PER DIEM ALLOWANCE FOR MEDICAL SUPPLIES AND HABILITATION SUPPLIES (ACCOUNTS 6070 AND 6080, RESPECTIVELY), AS SPECIFIED IN RULE 5101:3-3-261 ("CHART OF ACCOUNTS FOR LONG-TERM CARE FACILITIES") OF THE ADMINISTRATIVE CODE, IS THE ACTUAL ALLOWABLE EXPENDITURES OF THAT FACILITY TO REFLECT THE SERVICES AS DEFINED IN RULE 5101:3-3-24 ("RESIDENT REVIEW STANDARDS").

(d) THE INTERIM SETTLEMENT PER DIEM ALLOWANCE FOR PRIOR AUTHORIZED MEDICAL EQUIPMENT (ACCOUNT 6085), AS SPECIFIED IN RULE 5101:3-3-261 ("CHART OF ACCOUNTS FOR LONG-TERM CARE FACILITIES") OF THE ADMINISTRATIVE CODE, IS THE ACTUAL ALLOWABLE EXPENDITURES OF THAT FACILITY TO REFLECT THE SERVICES AS DEFINED IN RULE 5101:3-3-24 ("RESIDENT REVIEW STANDARDS").

(e) THE INTERIM SETTLEMENT PER DIEM ALLOWANCE FOR NURSING AND HABILITATION/REHABILITATION AND NURSE AIDE TRAINING (ACCOUNTS 6210 TO 6690), AS SPECIFIED IN RULE 5101:3-3-261 ("CHART OF ACCOUNTS FOR LONG-TERM CARE FACILITIES") OF THE ADMINISTRATIVE CODE, IS THE ACTUAL ALLOWABLE EXPENDITURES OF THAT FACILITY TO REFLECT THE SERVICES AS DEFINED IN RULE 5101:3-3-24 ("RESIDENT REVIEW STANDARDS").

FOR 1990 INTERIM SETTLEMENT, NURSE AIDE TRAINING ACTUAL ALLOWABLE PER DIEM IS DETERMINED IN THE FOLLOWING MANNER:

(i) FOR THE PERIOD JANUARY 1, 1990 THROUGH SEPTEMBER 30, 1990, ACTUAL COSTS SHALL BE DIVIDED BY MEDICAID DAYS FOR THE CORRESPONDING TIME PERIOD.

(ii) FOR THE PERIOD OCTOBER 1, 1990 THROUGH DECEMBER 31, 1990, ACTUAL COSTS SHALL BE DIVIDED BY INPATIENT/RESIDENT DAYS FOR THE CORRESPONDING TIME PERIODS.

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